

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/23/04</u>		2 Serial/Patent # <u>16/622,134</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		11/14/03	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 130							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">0</td> </tr> </table>			1	4	--	1	1	4	0
1	4	--	1	1	4	0					
<u>Postcard proves allegedly omitted drug figs were present on day 1. Refund pet fee</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>			TITLE: <u>Pet Attny</u>								
SIGNATURE: <u>E. Shirene Willis</u>			PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Randy K.</u>			DATE: <u>4/29/04</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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